

disappearing and the pains in the limbs were not so marked. There was involuntary evacuation of urine and faeces. He remained in the hospital for two months, sometimes better, sometimes worse. The sickness disappeared on the second week; the cephalic cry continued at intervals for six weeks. At the end of the second month, when his temperature became normal, his mind became confused, and he appeared more or less idiotic. He could not straighten his right knee. When discharged from the hospital his father said his character had changed; he was not so sharp as formerly.

Second case, Mrs. R. K., age thirty-five years, was brought to the hospital three days later. Points of difference in her case were—no purpuric spots, no retraction of head, severe pain down the spine, herpes on mouth and lips, never became unconscious, more restless, and nervous phenomena more marked. Bowels constipated very badly. She was in hospital two months and a half. She left with no sequelæ.

F. K. was brought to the hospital a week later. His symptoms were the same as his brother's, although not so aggravated. Joint-pains in his case were very marked.

Winifred, age five, had only a mild attack.

The points to be noted in the above cases are the characteristic irregular temperature charts, purpuric spots, the resemblance of the disease to simple meningitis, joint-pains, &c. Although the disease ran a very long and troublesome course, all the patients got well, which is a very unusual result, as the death-rate is about 50 per cent.

ADDENDA.

Passengers examined, 2,901; teachers for South Africa examined, 11; public servants examined, 16; candidates for sanatorium examined, 8; school-children examined, 170; returned troopers examined, 509. Medical Boards attended, ; Pension Boards attended, . Reports forwarded to local authorities, ; number of local authorities interviewed, ; letters sent, . Vessels inspected—Steamers, 123; sailing-vessels, 15; vessels detained, 4; vessels disinfected, 37. Total inspections made in district, 4,210; total disinfections made in district, 798.

Prosecutions—Violation of quarantine regulations, 3; breaches of Act *re* infectious diseases, 5; for exposing milk for sale from an infected house, 1.

NELSON-MARLBOROUGH-WESTLAND DISTRICT.

J. Malcolm Mason, Esq., M.D., Chief Health Officer.

ON the 6th August, 1902, I arrived in Nelson to take charge of the whole district, the Nelson portion of which had previously been administered by Dr. E. J. Roberts. Ending with the 31st March, 1903, I have but to report the work accomplished or attempted, and the thoughts actuated on projected administrative advances, during a period of less than nine months.

At the onset much time was taken up in initiation and organization, and in learning, in a very wide sense, the geography of a district previously unknown to me. All through, the time-absorbing task of the clerical work incidental to such a widely spread district has kept me much away from the more technical side of my duties. I must add, however, that there is not as yet sufficient continuous clerical work to necessitate additional aid.

The outbreaks of scarlet fever, and then measles—which latter arrived in Nelson City in due accordance with the periodicity previously established—along with the amount of work to be done to get my “base” (Nelson and surroundings) somewhat up to a more modern sanitary standard, have given me but little opportunity in these few months to devote adequate attention to the Sub-districts of Marlborough and Westland, which are under the able and direct superintendence of my colleagues the Acting District Health Officers, Dr. Anderson of Blenheim, and Dr. C. G. Morice of Greymouth, respectively. Nor have I been able to spare them the aid of the Sanitary Inspector, Mr. E. Middleton, who also has been tied to the Nelson area.

With the experience so far gained, I am satisfied these sub-districts cannot be administered in a manner satisfactory to the inhabitants, the local authorities, and our Department unless sanitary inspectors are appointed there to act under the Health Officers thereof. I would suggest the adoption of such a system here as has been found to work so well in the Wellington Health District. According to Dr. Valentine's scheme it would be necessary under the Public Health Act to combine the Counties of Westland, Grey, and Inangahua, with the contained Boroughs of Greymouth, Brunner, Kumara, Hokitika, and Ross, into one local authority. On a population basis they would contribute towards one sanitary inspector, who would *ipso facto* be an official of each of the constituent local bodies, yet appointed by and under the supervision of the Department of Public Health through the Acting District Health Officer. In the Marlborough Sub-district, the Counties of Marlborough and Sounds, with the Boroughs of Blenheim and Picton, would be the contributing parties. Such schemes are fraught with the least expense, and are the only ones whereby the Public Health Act can be efficiently administered, especially in such a widely extended district as that of Nelson-Marlborough-Westland, still more extended by the difficulties of access from one part to the other.

It had been my intention—and I hope, in time, to carry out that intention—to compile complete records of each town from the public-health standpoint—such a history, indeed, as one would build upon the lines—sewage, water-supply, refuse-disposal, precautions against infectious diseases, presence or absence of “slum” houses, &c.—as suggested by the circular of my colleague Dr. Ogston, District Health Officer of Otago. Time, however, has not allowed me to do much in this regard. But before entering upon such details as have been obtained or noted, reference will be made to some generalities affecting the district as a whole.

SANITARY INSPECTORS.

I am fortunate in having with me as Sanitary Inspector Mr. Ernest Middleton, who has been trained for and passed successfully the examinations of the Sanitary Institute of Great Britain for inspectorships in sanitary knowledge. He obtained the associateship of that institute in 1899. These facts might count for little had he not shown great readiness in adapting himself to colonial conditions, willingness to devote his whole energy, even much of his spare time to the details of his work, and, above all, his courteous behaviour towards the many persons with whom his duties have brought him in contact—duties too frequently requiring the combination of a very “broad back,” with the exercising of the essentials of simple diplomacy. To myself personally he has given much willing assistance, for which I have pleasure in recording my thanks.